**SPECIALIST ADMISSIONS REFERRAL FORM**

**In line with GDPR regulations, please send this form via an encrypted email (e.g. egress) to the inclusion inbox or via the portal, stating OFFICIAL-SENSITIVE in the subject field**

**Child/young person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (capitals) |  | Forename(s) |  |
| Date of birth |  | Current NCY |  |
| Current educational setting |  |

|  |
| --- |
| **Reason for referral (tick one box only)** |
| 1. **Specialist education setting request**
 |
| Type |
| Special school |[ ]  Resourced Provision |[ ]
| SEMH Placement - PRU |[ ]   |[ ]
| Primary need (select one only) |
| Cognition and learning |[ ]  Communication and interaction |[ ]
| Social, emotional & mental health |[ ]  Sensory / Physical |[ ]

**Child/young person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| UPN |  | Gender |  |
| Address (where currently living)  |   |
| Postcode |  | Home tel no. |  |
| Home language 1 |  | Ethnicity | Ethnicity. |
| Home language 2 |  |

**Social Care Involvement**

|  |  |
| --- | --- |
| Child in Need |[ ]  Children with Disabilities Social care |[ ]
| Child Looked After |[ ]  Adult Social Care |[ ]
| Child Protection |[ ]   |[ ]

**In the context of current educational setting:**

**Child/young person’s strengths**

|  |
| --- |
|  |

**Provide a summary of the child/young person’s barriers to learning**

|  |
| --- |
|  |

**What is being sought through this referral that is additional to or different from the resources currently available to this child/young person within the current school?**

|  |
| --- |
|  |

**What will success look like for the child/young person?**

|  |
| --- |
|  |

**Child/young person’s views**

|  |
| --- |
|  |

**Parent/carer views**

|  |
| --- |
|  |

**Description of progress with regards to learning and development**

|  |  |
| --- | --- |
| EYFS data |  |
| KS1 data |  |
| KS2 data |  |
| KS3 data |  |
| GCSE prediction and courses |  |

**Detail the current educational setting’s internal actions, interventions and/or preventative strategies, including to support attendance (most recent first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates(s)  | Need | What strategy or approach was implemented? | Impact achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Detail external professional (e.g. EP, SAT or CAMHS) actions, interventions and/or preventative strategies, including to support attendance (most recent first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) | Provider | What strategy or approach was implemented? | Impact achieved  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**State if any other agencies are actively involved or have been in the last 6 months with this child/young person and/or family and provide details of each agency’s key worker and telephone number**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Key worker name** | **Contact details** | **Date of last contact** |
| Educational Psychologist |  |  |  |
| Health Professionals |  |  |  |
| SEND Teaching Support Team – Specialist Teachers  |  |  |  |
| Social Care (Please specify team) |  |  |  |
| Early Help (Please specify team) |  |  |  |
| Cumbria Youth Offending Service |  |  |  |
| CAMHS  |  |  |  |
| Other(s) please list below: |  |  |  |

**Additional information**

Any other supportive information you wish to add (e.g. any child protection concerns and/or relevant family background information) or any further additional comments you wish to make

|  |
| --- |
|   |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) |  | Surname |  |
| Designation |  | Telephone |  |
| School or service |  |
| Address |  |
| Email |  |
| Signature |  | Date |  |

**Please tick the appendices where relevant**

|  |  |
| --- | --- |
| Appendix 1 | SEND Teaching Support Team – Specialist Teachers |[ ]
| Appendix 2 | Educational Psychologist |[ ]
| Appendix 3 | Health Professional |[ ]

**This referral must be supported by additional evidence as follows:**

|  |  |
| --- | --- |
| 1 | Provision Map of support detailing currently funded provision |[ ]
| 2 | Attendance Data  |[ ]
| 3 | SEN Support Plan |[ ]
| And one or more of: |
| 1 | EHC Plan (With Assessment Advice or Annual Review including most recent Professionals report)  |[ ]
| 2 | Pastoral/ Behaviour Support Plan |[ ]
| 3 | Any additional Specialist Education Reports |[ ]

**All information contained within this referral form must be shared with the parent/carer and a signature obtained. Forms will be returned and not processed until a signature is obtained.**

**Parent / Carer details**

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | Forename(s)  |  |
| Title |  | Relationship to child |  |
| Address (if different from child/young person’s) | Parental responsibility? | Choose an item. |
|  | Telephone |  |
| Mobile |  |
| Postcode  |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename(s) |  |
| Title |  | Relationship to child |  |
| Address (if different from pupil’s) | Parental responsibility? | Choose an item. |
|  | Telephone |  |
| Mobile |  |
| Postcode  |  | Email |  |

**Parent/carer signature**

|  |
| --- |
| **I confirm that I have read all the information on this form** |
| Signature |  | Date |  |
| Signature |  | Date |  |

***PLEASE NOTE INCOMPLETE REFERRALS WILL BE RETURNED TO THE REFERRER AND NOT CONSIDERED BY THE PANEL***